

# PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) 03114/PCT-sr

<b>Box No. I TITLE OF INVENTION</b> "Process for the hydrothermal treatment of asbestos and/or asbestos-containing materials in supercritical water and relative production plant."	
<b>Box No. II APPLICANT</b> <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) CESI Centro Elettrotecnico Sperimentale Italiano Giacinto Motta S.p.A. Via R. Rubattino, 54 I-20134 MILANO IT	
Telephone No. 02 21251 Facsimile No. 02 21255440 Teleprinter No. Applicant's registration No. with the Office	
State (that is, country) of nationality: IT	State (that is, country) of residence: IT
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) SIGON Fabio Via delle Orchidee, 9 I-20065 INZAGO (MI) IT	
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office	
State (that is, country) of nationality: IT	State (that is, country) of residence: IT
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
<b>Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE</b>	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) MITTLER Enrico c/o MITTLER & C. s.r.l. Viale Lombardia, 20 I-20131 MILANO IT	
Telephone No. 02 70632035 Facsimile No. 02 2664544 Teleprinter No. Agent's registration No. with the Office	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

<b>Continuation of Box No. III    FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>			
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>			
<b>Name and address:</b> <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  <b>SERVIDA Alberto</b> <b>Via Marche, 4</b> <b>I-20064 GORGONZOLA (MI)</b> <b>IT</b>		<b>This person is:</b> <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
<b>State (that is, country) of nationality:</b> <b>IT</b>		<b>State (that is, country) of residence:</b> <b>IT</b>	
<b>This person is applicant for the purposes of:</b> <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
<b>Name and address:</b> <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  <b>GRASSI Simona</b> <b>Via Palestro, 66</b> <b>I-20010 INVERUNO (MI)</b> <b>IT</b>		<b>This person is:</b> <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
<b>State (that is, country) of nationality:</b> <b>IT</b>		<b>State (that is, country) of residence:</b> <b>IT</b>	
<b>This person is applicant for the purposes of:</b> <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
<b>Name and address:</b> <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  		<b>This person is:</b> <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
<b>State (that is, country) of nationality:</b>		<b>State (that is, country) of residence:</b>	
<b>This person is applicant for the purposes of:</b> <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
<b>Name and address:</b> <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  		<b>This person is:</b> <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
<b>State (that is, country) of nationality:</b>		<b>State (that is, country) of residence:</b>	
<b>This person is applicant for the purposes of:</b> <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
<b>Name and address:</b> <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i>  		<b>This person is:</b> <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
<b>State (that is, country) of nationality:</b>		<b>State (that is, country) of residence:</b>	
<b>This person is applicant for the purposes of:</b> <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

**Box No. V DESIGNATIONS**

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

- ☐ DE Germany is not designated for any kind of national protection
- ☐ KR Republic of Korea is not designated for any kind of national protection
- ☐ RU Russian Federation is not designated for any kind of national protection

*(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)*

**Box No. VI PRIORITY CLAIM**

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 25/06/2003	MI2003A 001289	IT		
item (2)				
item (3)				

- ☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

- ☐ all items      ☐ item (1)      ☐ item (2)      ☐ item (3)      ☐ other, see Supplemental Box

\* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)): . . . . .

**Box No. VII INTERNATIONAL SEARCHING AUTHORITY**

**Choice of International Searching Authority (ISA)** (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EP . . . . .

**Request to use results of earlier search; reference to that search** (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

**Box No. VIII DECLARATIONS**

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of  
declarations

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Box No. VIII (i)              | Declaration as to the identity of the inventor   | : |   |
| <input type="checkbox"/> Box No. VIII (ii)             | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent             | : |   |
| <input checked="" type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : | 1 |
| <input checked="" type="checkbox"/> Box No. VIII (iv)  | Declaration of inventorship (only for the purposes of the designation of the United States of America)                               | : | 1 |
| <input type="checkbox"/> Box No. VIII (v)              | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty   | : |   |

**Box No. VIII (iii) DECLARATION: ENTITLEMENT TO CLAIM PRIORITY**

*The declaration must conform to the standardized wording provided for in Section 213; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iii). If this Box is not used, this sheet should not be included in the request.*

Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application specified below, where the applicant is not the applicant who filed the earlier application or where the applicant's name has changed since the filing of the earlier application (Rules 4.17(iii) and 51bis.1(a)(iii)):

in relation to this international application,

SIGON Fabio, SERVIDA Alberto, GRASSI Simona are entitled to claim priority of earlier application No. MI2003A 001289, IT, 25 June 2003

by virtue of the following:

the applicants are the inventors of the subject matter for which protection was sought by way of the earlier application.

This declaration is made for the purpose of the following designations for national and/or regional patents: US.

☐ This declaration is continued on the following sheet, "Continuation of Box No. VIII (iii)".

**Box No. VIII (iv) DECLARATION: INVENTORSHIP** (only for the purposes of the designation of the United States of America)  
*The declaration must conform to the following standardized wording provided for in Section 214; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.*

**Declaration of inventorship (Rules 4.17(iv) and 51bis.1(a)(iv))  
for the purposes of the designation of the United States of America:**

I hereby declare that I believe I am the original, first and sole (if only one inventor is listed below) or joint (if more than one inventor is listed below) inventor of the subject matter which is claimed and for which a patent is sought.

This declaration is directed to the international application of which it forms a part (if filing declaration with application).

This declaration is directed to international application No. PCT/..... (if furnishing declaration pursuant to Rule 26ter).

I hereby declare that my residence, mailing address, and citizenship are as stated next to my name.

I hereby state that I have reviewed and understand the contents of the above-identified international application, including the claims of said application. I have identified in the request of said application, in compliance with PCT Rule 4.10, any claim to foreign priority, and I have identified below, under the heading "Prior Applications," by application number, country or Member of the World Trade Organization, day, month and year of filing, any application for a patent or inventor's certificate filed in a country other than the United States of America, including any PCT international application designating at least one country other than the United States of America, having a filing date before that of the application on which foreign priority is claimed.

Prior Applications: Italian patent application No. MI2003A.001289 filed on 25 June 2003 .....

I hereby acknowledge the duty to disclose information that is known by me to be material to patentability as defined by 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

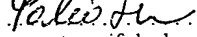
Name: Fabio SIGON .....

Residence: INZAGO (MI) - Italy .....

Mailing Address: Via delle Orchidee, 9 .....

I-20065 INZAGO (MI) - Italy .....

Citizenship: Italian .....

Inventor's Signature:  .....

Date: 3 June 2004 .....

(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

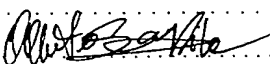
Name: Alberto SERVIDA .....

Residence: GORGONZOLA (MI) - Italy .....

Mailing Address: Via Marche, 4 .....

I-20064 GORGONZOLA (MI) - Italy .....

Citizenship: Italian .....

Inventor's Signature:  .....

Date: 3 June 2004 .....

(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

☒ This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".

**Continuation of Box No. VIII (i) to (v) DECLARATION**

*If the space is insufficient in any of Boxes Nos. VIII (i) to (v) to furnish all the information, including in the case where more than two inventors are to be named in Box No. VIII (iv), in such case, write "Continuation of Box No. VIII ..." (indicate the item number of the Box) and furnish the information in the same manner as required for the purposes of the Box in which the space was insufficient. If additional space is needed in respect of two or more declarations, a separate continuation box must be used for each such declaration. If this Box is not used, this sheet should not be included in the request.*

Continuation of Box VIII (iv)

Name: Simona GRASSI

Residence: INVERUNO (MI) - Italy

Mailing Address: Via Palestro, 66  
I-20010 INVERUNO (MI) - Italy

Citizenship: Italian

Inventor's signature Simona Grassi Date 3 June 2004

Box No. IX CHECK LIST; LANGUAGE OF FILING		
<p>This international application contains:</p> <p>(a) in paper form, the following number of sheets:</p> <p>request (including declaration sheets) : 7</p> <p>description (excluding sequence listing and/or tables related thereto) : 13</p> <p>claims : 3</p> <p>abstract : 1</p> <p>drawings : 7</p> <p><b>Sub-total number of sheets</b> : 31</p> <p>sequence listing : </p> <p>tables related thereto : </p> <p><i>(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)</i></p> <p><b>Total number of sheets</b> : 31</p> <p>(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))</p> <p>(i) <input type="checkbox"/> sequence listing</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))</p> <p>(i) <input type="checkbox"/> sequence listing</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the</p> <p><input type="checkbox"/> sequence listing: </p> <p><input type="checkbox"/> tables related thereto: </p> <p><i>(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)</i></p>	<p>This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</p> <p>1. <input checked="" type="checkbox"/> fee calculation sheet : 1</p> <p>2. <input checked="" type="checkbox"/> original separate power of attorney : 2</p> <p>3. <input type="checkbox"/> original general power of attorney : </p> <p>4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: : </p> <p>5. <input type="checkbox"/> statement explaining lack of signature : </p> <p>6. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s): : 1</p> <p>7. <input type="checkbox"/> translation of international application into (language): : </p> <p>8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material : </p> <p>9. <input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) : </p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter : </p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column : </p> <p>10. <input type="checkbox"/> tables in computer readable form related to sequence listing (indicate type and number of carriers)</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) : </p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) : </p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column : </p> <p>11. <input type="checkbox"/> other (specify): : </p>	
<p>Figure of the drawings which should accompany the abstract: 1</p>	<p>Language of filing of the international application: English</p>	
<p><b>Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE</b></p> <p><i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</i></p>		
<p>MITTLER Enrico</p>		

For receiving Office use only		
<p>1. Date of actual receipt of the purported international application:</p>	<p>2. Drawings:</p> <p><input type="checkbox"/> received:</p>	
<p>3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:</p>	<p><input type="checkbox"/> not received:</p>	
<p>4. Date of timely receipt of the required corrections under PCT Article 11(2):</p>	<p>6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid</p>	
<p>5. International Searching Authority (if two or more are competent): ISA /</p>		

For International Bureau use only
<p>Date of receipt of the record copy by the International Bureau:</p>